



Form TM 17

Application to Revoke a Registration

Fee: \$198.00

Please read the following instructions to complete this form:

1. Complete Section 1 **ONLY** for revocation for non-use.
2. Complete Sections 1 and 2 for revocation other than for non-use.

SECTION 1 – Non-Use

1. Trade Mark Number

Number of the trade mark you are applying to cancel.
If the application concerns an International
Registration, help us identify the correct trade mark by
adding "IR".

2. Full name of registered owner

Whose trade mark you are applying to revoke.

Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

3. Full name of agent

Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Email address

4. Interest in the Trade Mark		Recorded Owner
		Recorded Representative for the owner
		Other (please specify)

5. Related proceedings If applicable, select location and enter number.		Bermuda IPO		Bermuda Courts		Overseas Court
	Number					

Section 2 – Other Than Non-Use

Please check the appropriate grounds

Revocation is based on Section 55(1)(a): The trade mark has not been put to genuine use in Bermuda within the period of five years following the date of the completion of the registration process by the registered owner or with his consent, in relation to the goods or services for which it is registered, and there are no proper reasons for non-use.

➤ COMPLETE SECTIONS A & C* (Optional*)
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Revocation is based on Section 55(1)(b): The use of the trade mark in Bermuda has been suspended for an uninterrupted period of five years in relation to the goods or services for which it is registered, and there are no proper reasons for non-use.

➤ COMPLETE SECTIONS B & C* (Optional*)
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SECTION A: The application for revocation is based on Section 55(1)(a) of the Trade Marks Act 2023 on the basis of non-use within the period of five years following the date of registration.

Please check the appropriate grounds

Q1. Date of revocation

State the date that you want revocation to take effect. (The first possible effective date is the day following the end of the five year period of non-use)

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Q2. For which goods and/or services is non-use being claimed?

	All goods and services
	Some goods and services (please specify below, use a continuation sheet if necessary).

SECTION B: The application for revocation is based on Section 55(1)(b) of the Trade Marks Act on the basis that use of the trade mark has been suspended for an uninterrupted period of five years.

Q1. Period(s) of non-use

State the start and end date(s) of the 5-year period(s) of non-use.

Start date(s)	End date(s)

Q2. Date of revocation

State the date that you want revocation to take effect. (The first possible effective date is the day following the end of the 5-year period of non-use)

Q3. For which goods and/or services is non-use being claimed?

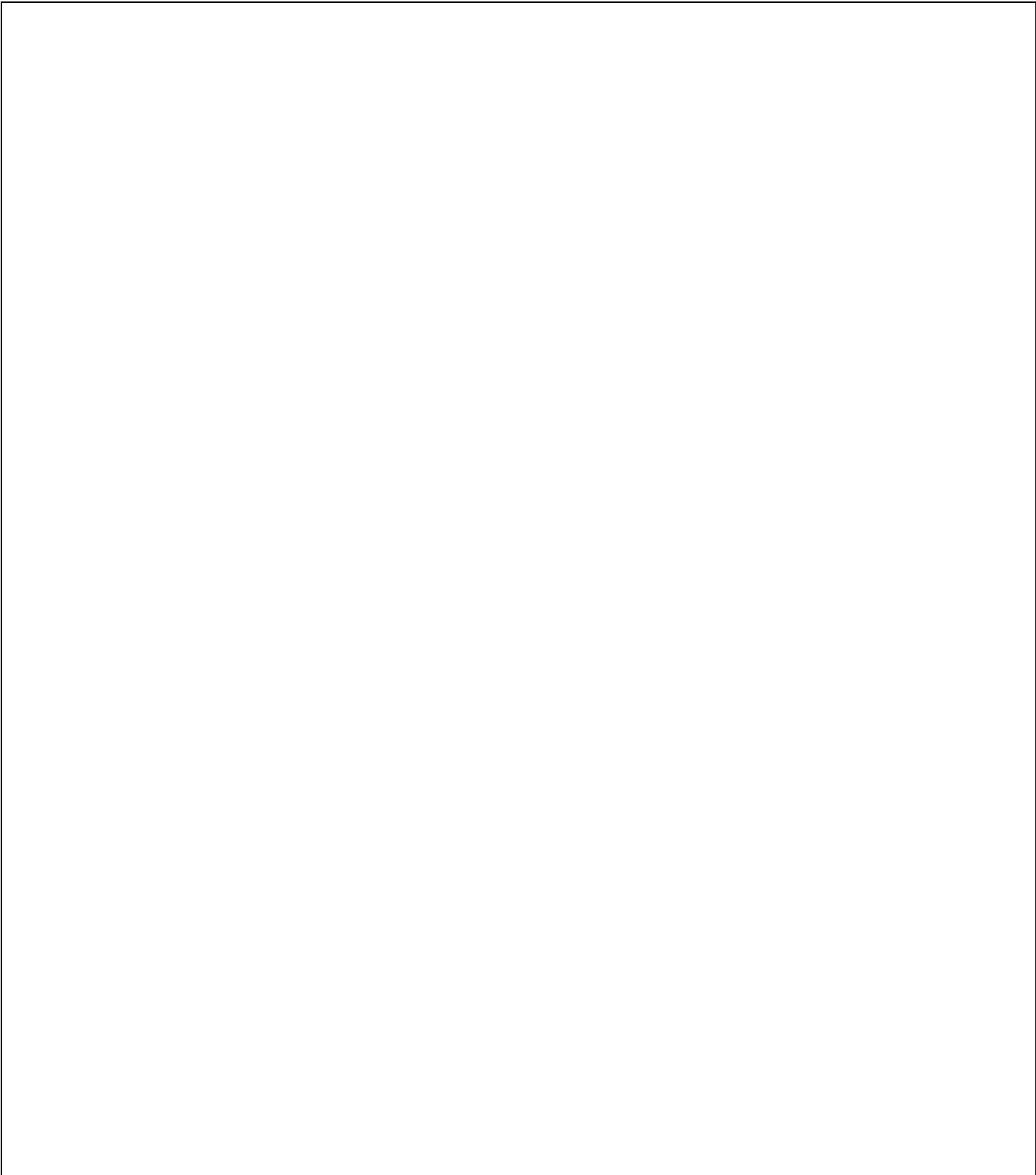
(Please tick below)

	All goods and services
	Some goods and services (please specify below, use a continuation sheet if necessary).

SECTION C: Supporting statement [Optional]

You may provide a statement to support your claim for revocation on the grounds of non-use.

(Use a continuation sheet if necessary)



Please check the appropriate grounds

Revocation is based on Section 55(1)(c): The trade mark has, in consequence of acts or inactivity of the registered owner, become the common name in the trade for a product or service for which it is registered.

➤ COMPLETE SUPPORTING STATEMENT

Revocation is based on Section 55(1)(d): The use of the trade mark by the registered owner, or with his consent, is liable to mislead the public, particularly as to the nature, quality or geographical origin of the registered goods or services.

➤ COMPLETE SUPPORTING STATEMENT

SUPPORTING STATEMENT OF GROUNDS

You must provide the reasons for revocation of the trade mark

(Use a continuation sheet if necessary)

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6. Your reference

Complete if you would like us to quote this in communication with you, otherwise leave blank

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7. Declaration

I believe that the facts stated in this form and attached statement of grounds are true.

Signature**Name**

(BLOCK CAPITALS)

Date**Number of sheets attached to this form**

Your Contact details should we have a query

Name

Email

Phone

8. Checklist

Please make sure you have remembered to:

- Provide the trade mark number(s)
- Sign and date the form

Email submissions with direct deposits to:

rgintellectualproperty@gov.bm

Post forms with cheques only to:

Intellectual Property Office
% Registry General
Government Administration Building, 4th Floor
30 Parliament Street
Hamilton HM 12
Bermuda

Fees and Payment Method

We will only process the form with this section completed (one form per payment)

Total fee paying (\$)

Your payment reference

- Payments by cheque, cash, debit or credit cards or revenue stamps can be made in office by **3:15PM**.

Cheque – make payable to ‘Accountant General’

Bank Transfer / Direct Deposit

Beneficiary Bank: **HSBC Bank of Bermuda Limited**, 37 Front Street, Hamilton 11, Bermuda
Beneficiary Name: **GOVERNMENT OF BERMUDA** – Registry General

Beneficiary Account Number: **010-125250-001** Bermuda Dollar Account
Beneficiary Account Number: **010-125250-501** US Dollar Account

Reference – Trade Mark name or number(s) or your name and reference number(s)